

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7891</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>A</u> <u>Elfeld</u> P.O. Box, Bldg., Room No., if any Street <u>90 Gates Avenue</u> City <u>Valley Stream</u> State <u>New York</u> ZIP Code + 4 <u>11580</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. District Council No. 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P.O. Box, Building and Room Number, if any Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Jerome Aluminum Products Corp.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>29 Clay Street</u> City <u>Brooklyn</u> State <u>New York</u> ZIP Code + 4 <u>11222</u>	7.a. Nature of Interest, Transaction, or Income. <u>Attended holiday party for members.</u> 7.b. Amount. <u>\$20</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William Elfeld</u>	On <u>8/12/05</u> Date	(212) 255-2950 Telephone Number

Name of Person Filing William Elfeld	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with insurance company representative.</p>
	<p>12.b. Amount. \$35</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p>None.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Master Painters Association of New York City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 506

Street 50 East 42nd Street

City New York

State New York ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:

Convention	- \$2,500
Advertising	- \$ 600
Contributions	- \$ 200

11.b. Approximate dollar value of such dealing.

\$3,300

12.a. Nature of interest held or income received.

Lunch with Association members regarding contract negotiations.

12.b. Amount.

\$65

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Magna Care

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 825 East Gate Boulevard

City Garden City

State New York ZIP Code + 4 11530

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Magna Care

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 825 East Gate Boulevard

City Garden City

State New York ZIP Code + 4 11530

11.a. Nature of such dealing.

None.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Dinner with insurance company representatives at New Orleans covention.

12.b. Amount.

\$100

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Voyager Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2000

Street 2000 L.S.T. NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Voyager Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2000

Street 2000 L.S.T. NW

City Washington

State District of Columbia ZIP Code + 4 20016

11.a. Nature of such dealing.

Amounts paid to investment manager for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$125,529

12.a. Nature of interest held or income received.

Breakfast buffet at New Orleans convention.

12.b. Amount.

\$20

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Koehler & Issacs, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 29th Floor

Street 120 Broadway

City New York

State New York ZIP Code + 4 10271

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$149,189

12.a. Nature of interest held or income received.

Holiday gift.

12.b. Amount.

\$75

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Master Painters Association of New York City

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 506

Street 120 Broadway

City New York

State New York ZIP Code + 4 10017

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Amounts paid to the Employers Association of the
Painting Industry in New York for the calendar year
2004:

Convention - \$2,500
Advertising - \$ 600
Contributions - \$ 200

11.b. Approximate dollar value of such dealing.

\$3,300

12.a. Nature of interest held or income received.

Annual installation dinner for association officer.

12.b. Amount.

\$50

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Voyager Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2000

Street 2000 L.S.T. NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

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Name Voyager Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2000

Street 2000 L.S.T. NW

City Washington

State District of Columbia ZIP Code + 4 20016

11.a. Nature of such dealing.

Amounts paid to investment manager for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$125,529

12.a. Nature of interest held or income received.

BBQ lunch with company representattives.

12.b. Amount.

\$50

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8. Name and address of Business (including trade name, if any).

Name Koehler & Issacs, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 29th Floor

Street 120 Broadway

City New York

State New York ZIP Code + 4 10271

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Fees paid for legal services for calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$149,189

12.a. Nature of interest held or income received.

Holiday party.

12.b. Amount.

\$40